

Jennings County Health Department
P.O. Box 323
200 East Brown Street
Vernon, IN 47282
812-352-3024
Fax: 812-352-3030

PRE-EXISTING SEPTIC SYSTEM APPLICATION
INFORMATION SHEET

INSPECTION COULD BE DELAYED IF APPLICATION IS NOT FILLED OUT COMPLETELY.

Property Owner's Name: _____ Phone: _____

Property's Street Address: _____

City: _____ Zip Code: _____

1. How long have you owned the current address? _____

2. Number of bedrooms: _____ going to be: _____

3. Is the home currently: vacant (how long vacant) _____ occupied

4. How old is your septic system? _____

5. Who installed it? _____

6. Where is your septic system located on the property? _____

7. Do you have a: ABSORPTION FIELD JET AERATION DRY WELL

8. Have there been any repairs, changes, or alterations to the septic system?

YES NO Explain _____

9. Do you have METAL, CEMENT, or other septic tank? _____

10. When was the septic tank last pumped? _____ How frequently? _____

OWNER(S) Please Print _____ DATE _____

Reason for inspection _____
